



## CHART Year 1 (2006) Measure Set

2/1/06

Consensus was achieved on the adoption of over 50 hospital performance indicators to be collected in 2005-6. This set includes process and outcomes measures in specific clinical areas such as cardiac care, maternity, pneumonia treatment, and intensive care, as well as hospital-wide outcomes in domains such as infection control, patient experience and nursing sensitive measures, and appropriateness of utilization of cardiac procedures.

This measure set was selected to be consistent with national and state initiatives, including OSHPD, CMS, JCAHO and NQF, so we will be consolidating currently reported measures in one central location, as well as adding other measures not yet publicly reported. It is intended that the measure set will evolve over time. For the first year there will also be a number of pilot measures which will be privately collected and tested for inclusion in future years.

**Public Reporting—JCAHO core measures denoted by \*, measures from administrative data denoted \*\*, mandatory CCORP data denoted by \*\*\***

Domains and Measures	
<b>Acute Myocardial Infarction</b>	<b>Heart Failure</b>
Aspirin at arrival*	Detailed discharge instructions*
Aspirin prescribed at discharge*	Evaluation of left ventricular systolic function*
Pt. on ACE or ARB for LVSD*	Pt on ACE or ARB for LVSD*
Adult smoking cessation advice/counseling*	Adult smoking cessation advice/counseling*
Beta blocker prescribed at discharge*	<b>Surgical Infection Prevention</b>
Beta blocker at arrival*	Prophylactic antibiotic received within 1 hour of surgery*
Median time to thrombolysis*	Duration of prophylaxis*
Thrombolytic agent received within 30 minutes of arrival*	<b>Pregnancy/Childbirth</b>
Median time to PCI*	Vaginal birth after C-section w/ institution's level of perinatal care**
PCI received within 120 minutes of hospital arrival*	Primary C-section rate**
AMI risk-adjusted mortality rate**	3 <sup>rd</sup> or 4 <sup>th</sup> degree laceration**
<b>Pneumonia</b>	<b>Coronary Artery Bypass Grafting (CABG)</b>
Oxygenation assessment within 24 hrs.*	CABG mortality rate***
Pneumococcal vaccination*	CABG with internal mammary artery***
Blood culture before antibiotic administration*	<b>Patient Experience</b>
Adult smoking cessation advice/counseling*	HCAHPS - plus 9 additional questions, by med/surg/OB
Antibiotic timing (median) *	<b>Patient Safety/Leapfrog</b>
Antibiotic within 8 hours of hospital arrival*	1 – Computerized physician order entry (survey results)
Antibiotic within 4 hours of hospital arrival*	2 – ICU intensivists (survey results)
Initial antibiotic consistent with current recommendations*	3 – High risk treatments (survey results)
Influenza screen or vaccination*	4 – 27 NQF patient safety practices (reported as participating in survey? Yes/No)
Pneumonia risk-adjusted mortality rate**	

### Pilot Measures

Domains and Measures	
<b>ICU Process Measures</b>	<b>Nosocomial (Hospital-Acquired) Infections</b>
DVT prophylaxis	Central line-associated blood stream infections (CLABSI)
Stress peptic ulcer prophylaxis	Surgical site infections in CABG
VAP prophylaxis – Head of Bed 30°	Surgical site infections in Total Knee Replacement
<b>ICU Outcomes Measures</b>	<b>Patient Safety/Nursing Sensitive Measures</b>
ICU mortality	Hospital-acquired pressure ulcer (HAPU, >stage 1)
ICU length of stay	Falls/inpatient day
<b>Appropriateness</b>	Falls with injuries per inpatient day
Percutaneous Coronary Intervention appropriateness – <i>forthcoming – minimal hospital resources</i>	